		NC-320
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): —		FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITION OF (Name):		
NOTICE OF HEARING ON PETITION FOR CHA AND ISSUANCE OF NEW BIRTH CER	NGE OF GENDER TIFICATE	CASE NUMBER:
NOTICE:		
1. Petitioner (name):		is a resident of this county.
2. Petitioner has filed a petition requesting an order for the is gendera from male to female.	ssuance of a new birth certific	ate reflecting the change of petitioner's
b from female to male.	and ranges against the shange	a of hirth partificate requested in the
THE COURT ORDERS that any person who can show go petition may appear before this court at the hearing indica		e of billin certificate requested in the
NOTICE OF HEARING		
a. Date: Time:	Dep	t.: Room:
b. The address of the court is same as noted about	ove other (specify):	
4. Other orders (specify):		
Date:	<u> </u>	JUDICIAL OFFICER
		JUDICIAL OFFICER